

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H.D.	62350	4-27-99
O.I.P.E. CLASSIFIER		49	5/3/99
FORMALITY REVIEW	SB	#07033	5-6-99

9-22-99  
FAC

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy